



STATE OF ALASKA

Department of Health and Social Services
Division of Public Health

Frank H. Murkowski, Governor

BUREAU OF VITAL STATISTICS
5441 COMMERCIAL BLVD.
JUNEAU, ALASKA 99801
PHONE: (907) 465-3391
FAX: (907) 45-3618

Dear Applicant,

Per Alaska Statute 17.37.010 regarding the medical uses of marijuana, the enclosed "Application for Registry Identification Card for Medical Use of Marijuana" and "Physician Statement" must be completed by the applicant. Further, if a primary or primary alternate caregiver is specified, the form "Caregiver Application for Medical Use of Marijuana Applicant" must also be completed.

A nonrefundable fee (7 AAC 34.070(b)) of \$25.00 (\$20.00 for a renewal) and a **legible photocopy of the Alaska State Driver's License or Identification Card** of the patient and all caregivers must be submitted with the application. Renewal applications submitted after a registry identification card has expired will be considered a new application and the applicant will be required to pay the fee for first-time applicants.

Prior to mailing your application, review it to be sure that all required information has been completed. **If your application is not complete, it will be denied and you will not be allowed to reapply for a period of six months.** Please make your check or money order payable to the Bureau of Vital Statistics and mail it along with the application to the following address:

Alaska Bureau of Vital Statistics
Marijuana Registry
P.O. Box 110699
Juneau, AK 99811-0699

You may wish to use "Return Receipt Service" for mailing to be sure that your application and fees are received by the Bureau.

Lastly, enclosed is page for your reference that provides the statutory requirements regarding the application for a marijuana registry card. If you have any questions or concerns, please contact the marijuana registry section of the Bureau of Vital Statistics at (907) 465-5423.

STATUTORY CITATIONS FOR MARIJUANA REGISTRY APPLICATION

Application for Registry Identification Card for Medical Use of Marijuana

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

(1) a statement signed by the patient's physician

(A) stating that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship and setting out the date the examination occurred;

(B) stating that the patient has been diagnosed with a debilitating medical condition; and

(C) stating that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded that the patient might benefit from the medical use of marijuana;

(2) a sworn application on a form provided by the department containing the following information:

(A) the name, address, date of birth, and Alaska driver's license or identification card number of the patient;

(B) the name, address, and telephone number of the patient's physician; and

(C) the name, address, date of birth, and Alaska driver's license or identification card number of the patient's primary caregiver and alternate caregiver if either is designated at the time of application, along with the statements required under (d) of this section; and

(3) **if the patient is a minor**, a statement by the minor's parent or guardian that the patient's physician has explained the possible risks and benefits of medical use of marijuana and that the parent or guardian consents to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the patient.

Caregiver:

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

(2) a sworn application on a form provided by the department containing the following information:

(C) the name, address, date of birth, and Alaska driver's license or identification card number of the patient's primary caregiver and alternate caregiver if either is

designated at the time of application, along with the statements required under (d) of this section; and

AS 17.37.010(d) A person may be listed as the primary caregiver or alternate caregiver for a patient if the person submits a sworn statement on a form provided by the department that the person

(1) is at least 21 years of age;

(2) has never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73; and

(3) is not currently on probation or parole from this or another jurisdiction.

AS 17.37.010(e) A person may be a primary caregiver or alternate caregiver for only one patient at a time unless the primary caregiver or alternate caregiver is simultaneously caring for two or more patients who are related to the caregiver by at least the fourth degree of kinship by blood or marriage.

AS 17.37.010(q) A primary caregiver may only act as the primary caregiver for the patient when the primary caregiver is in physical possession of the caregiver registry identification card. An alternate caregiver may only act as the primary caregiver for the patient when the alternate caregiver is in physical possession of the caregiver registry identification card.

Physician Information

AS 17.37.010(c) In order to be placed on the state's confidential registry for the medical use of marijuana, an adult patient or a parent or guardian of a minor patient shall provide to the department

(1) a statement signed by the patient's physician

(A) stating that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship and setting out the date the examination occurred;

(B) stating that the patient has been diagnosed with a debilitating medical condition; and

(C) stating that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded that the patient might benefit from the medical use of marijuana;

(2) a sworn application on a form provided by the department containing the following information:

(B) the name, address, and telephone number of the patient's physician

AS 17.37.010(r) The department may not register a patient under this section unless the statement of the patient's physician discloses that the patient was personally examined by the physician within the 16-month period immediately preceding the patient's application. The department shall cancel, suspend, revoke, or not renew the registration of a patient whose annual resubmission of updated written documentation to the department under (k) of this section

does not disclose that the patient was personally examined by the patient's physician within the 16-month period immediately preceding the date by which the patient is required to annually resubmit written documentation.

Debilitating Medical Condition

AS17.37.070(4) "debilitating medical condition" means

(A) cancer, glaucoma, positive status for human immunodeficiency virus, or acquired immune deficiency syndrome, or treatment for any of these conditions;

(B) any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of the marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis; or

(C) any other medical condition, or treatment for such condition, approved by the department, under regulations adopted under AS17.37.060 or approval of a petition submitted under AS17.37.060.

Other

AS 17.37.010(i) A person may not apply for a registry identification card more than once every six months.

AS 17.37.010(k) When there has been a change in the name, address, or physician of a patient who has qualified for a registry identification card, or a change in the name or address of the patient's primary caregiver or alternate caregiver, that patient must notify the department of the change within 10 days. To maintain an effective registry identification card, a patient must annually resubmit updated written documentation, including a statement signed by the patient's physician containing the information required to be submitted under (c)(1) of this section, to the department, as well as the name and address of the patient's primary caregiver or alternate caregiver, if any.

AS 17.37.010(l) A patient who no longer has a debilitating medical condition and the patient's primary caregiver, if any, shall return all registry identification cards to the department within 24 hours of receiving the diagnosis by the patient's physician.

AS 17.37.010(m) A copy of a registry identification card is not valid. A registry identification card is not valid if the card has been altered, mutilated in a way that impairs its legibility, or laminated.

AS 17.37.010(n) The department may revoke a patient's registration if the department determines that the patient has violated a provision of this chapter or AS 11.71.

**Application for Registry Identification Card
For Medical Use of Marijuana**

☐ Initial Application
☐ Renewal (Card No. _____)

Applicant

Name: _____
First Middle Last

Mailing Address: _____

Physical Address: _____
(If different from mailing address)

City, State Zip: _____ **Phone:** _____
City State Zip

Date of Birth: ____/____/____ **Alaska Drivers License/ID Number:** _____
Month Day Year

If the Applicant is a Minor (Under the Age of 18), Please Fill Out This Section

I, _____, state that I am the parent or guardian of _____
(Name of parent or guardian) (Minor applicant's name)

and that the minor's physician has explained the possible risks and benefits of medical use of marijuana to me and that I consent to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the minor.

Parent or Guardian Signature: _____ **Date:** _____

Note: The parent or guardian must also register as the applicant's primary caregiver (page 2).

Physician Information

Name: _____ **Phone:** _____
First Middle Last

Mailing Address: _____

Physical Address: _____
(If different from mailing address)

City, State Zip: _____
City State Zip

Applicant's Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____ **Date:** _____

☐ Application fee enclosed (\$25 initial application; \$20 renewal application).

☐ Attach a statement from the patient's physician, using either the physician's statement form (page 4) or a letter addressing the conditions mentioned in the physician's statement form, signed by the patient's physician.

Mail To: Alaska Bureau of Vital Statistics
Marijuana Registry
5441 Commercial Blvd.
Juneau, AK 99801

Primary Caregiver Application For Medical Use of Marijuana Applicant

Primary Caregiver

Name: _____ Phone: _____
First Middle Last

Date of Birth: ____ / ____ / ____ Alaska Drivers License or I.D.: _____
Month Day Year

Mailing Address: _____

Physical Address: _____
(If different from mailing address)

City, State Zip: _____
City State Zip

Check all that apply.

- ☐ I am at least 21 years of age;
- ☐ I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- ☐ I am not currently on probation or parole from this or another jurisdiction.

I certify under penalty of perjury that the foregoing is true.

Primary Caregiver's Signature: _____ Date: _____

Witness: _____
Printed name

Signature

Date: _____

Alternate Caregiver Application For Medical Use of Marijuana Applicant

Alternate Caregiver

Name: _____ Phone: _____
First Middle Last

Date of Birth: ____ / ____ / ____ Alaska Drivers License or I.D.: _____
Month Day Year

Mailing Address: _____

Physical Address: _____
(If different from mailing address)

City, State Zip: _____
City State Zip

Check all that apply.

- ☐ I am at least 21 years of age;
- ☐ I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- ☐ I am not currently on probation or parole from this or another jurisdiction.

I certify under penalty of perjury that the foregoing is true.

Alternate Caregiver's Signature: _____ Date: _____

Witness: _____
Printed name

Signature

Date: _____

Physician Statement

I, _____, state that I personally examined _____
(Physician's Name) (Applicant's Name)

on _____ and that the examination took place in the context of a bona fide physician-patient relationship;
(Date of examination)

and that _____ has a debilitating medical condition qualifying under AS 17.37.070.
(Applicant's Name)

I have considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and have concluded that the patient might benefit from the medical use of marijuana.

Physician's Signature: _____ **Date:** _____

Physician's License Number: _____

The physician must either be licensed to practice medicine in the state of Alaska or must be an officer in the regular medical service of the armed forces of the United States or the United States Public Health Service while in the discharge of their official duties, or while volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in Alaska.